

GRANT AGREEMENT

ZU FORT- UND WEITERBILDUNGSZWECKEN (STT)

DIESES DOKUMENT IST VOLLSTÄNDIG AM PC AUSZUFÜLLEN UND VOR REISEBEGINN IM ORIGINAL EINZUREICHEN.

DIENSTREISE

Zielort			
Zielland			
Zieleinrichtung			
Erster Arbeitstag*		Letzter Arbeitstag*	

*ohne Reisetage

HOCHSCHULE ANHALT

ERASMUS-Code	D K O T H E N O 1
Anschrift	Bernburger Str. 55, D-06133 Köthen
ECHE	29740-EPP-1-2014-1-DE-EPPKA3-ECHE
Ansprechpartner	ERASMUS-Hochschulkoordinator Christian Lippold
Abteilung Studienjahr	International Office 2020/2021
E-Mail Telefon	christian.lippold@hs-anhalt.de +49 3496 67 5115

DER/DIE TEILNEHMER/IN

Nachname(n)			
Vorname(n)			
Geschlecht		Staatsangehörigkeit	
Anschrift (Str./PLZ/Ort)			
Telefonnummer			
E-Mail-Adresse			
Fachbereich an der HSA			
Position an der HSA			
Kategorie	<input type="checkbox"/> Contin. Education <input type="checkbox"/> Finance	<input type="checkbox"/> Student Information <input type="checkbox"/> International Office	<input type="checkbox"/> Academic Staff <input type="checkbox"/> General Admin and Technical Administration
Bisherige Tätigkeit in Jahren	<input type="checkbox"/> <10	<input type="checkbox"/> 10-20	<input type="checkbox"/> >20

Kontoverbindung für die Stipendienzahlung aus Erasmus+ Mitteln	
Kontoinhaber/in	
Anschrift in Deutschland	Straße und Hausnr.
	PLZ und Ort
IBAN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BIC	
Name der Bank	

FINANZIERUNGSPLAN [WIRD VOM INTERNATIONAL OFFICE AUSGEFÜLLT]

Die/Der Teilnehmer/in erhält:					
<input type="checkbox"/>	Finanzielle Unterstützung aus Erasmus+ Mitteln der EU				
<input type="checkbox"/>	Zero Grant-Förderung				
<input type="checkbox"/>	Finanzielle Unterstützung aus Erasmus+ Mitteln der EU in Kombination mit <i>NYfc</i> ; <i>fUbh</i> -Förderung				
<input type="checkbox"/>	Die finanzielle Unterstützung umfasst auch Fördermittel für Teilnehmer mit Behinderung				
Anzahl der Arbeitstage	<input type="text"/>	} X EU-Pauschale/Tag		EUR =	<input type="text"/>
Anzahl zusätzl. Reisetage	<input type="text"/>				<input type="text"/>
Entfernung laut EU-Rechner	<input type="text"/>	km \triangleq	Fahrtkosten-Pauschale		EUR
Finanzielle Unterstützung gesamt					EUR

Diese Anlagen und Anhänge sind fester Bestandteil des Grant Agreements:

Anhang I **Mobility Agreement**
Anhang II **Letter of Confirmation**
Bericht (digital) **Ausfüll-Aufforderung mit Link erfolgt per E-Mail**

Anlage I **Infoschreiben**
Anlage II **Besondere Bestimmungen**
Anlage III **Allgemeine Bestimmungen**

UNTERSCHRIFTEN

Die/Der Teilnehmer/in	<input type="text"/>	<input type="text"/>
Köthen, _____	_____	
Datum	Unterschrift	

Hochschule Anhalt ERASMUS-Hochschulkoordinator		
Köthen, _____	_____	
Datum	Unterschrift	

ES WERDEN AUSSCHLIESSLICH HANDSCHRIFTLICHE UNTERSCHRIFTEN AKZEPTIERT.

ANHANG I MOBILITY AGREEMENT

STAFF MOBILITY FOR TRAINING (STT)

DIESES DOKUMENT IST VON DER GASTEINRICHTUNG ZU UNTERZEICHNEN UND (ALS SCAN) VOR REISEBEGINN IM INTERNATIONAL OFFICE EINZUREICHEN.

PLANNED PERIOD OF THE TRAINING ACTIVITY

Start date*		End date*	
Duration* (days)		*excluding travel days	

THE STAFF MEMBER

Last Name(s)			
First Name(s)			
Gender		Nationality ¹	
E-Mail			
Academic Year	2020/2021		

THE RECEIVING INSTITUTION

Contact Person First Name			
Contact Person Last Name			
Contact Person Position			
E-Mail Phone			

A. If receiving institution is a UNIVERSITY

Name																							
ERASMUS-Code ²	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						
Faculty/Department																							

B. If receiving institution is an ENTERPRISE³

Name			
Public Body	<input type="checkbox"/> YES <input type="checkbox"/> NO	Non-Profit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Employees below 250?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Organisation ⁴	
Legal Address			
City		Country	

THE SENDING INSTITUTION⁴

Name	Hochschule Anhalt / Anhalt University of Applied Sciences		
Address	Bernburger Str. 55, 06366 Köthen		
ERASMUS-Code	D K O T H E N 0 1		
Type of Institution: NACE code ⁴	P 85.42		
Country Code	DE	Size of Institution	> 250 employees
Contact Person	ERASMUS-Coordinator Christian Lippold		
Department	International Office		
E-Mail Phone	christian.lippold@hs-anhalt.de +49 3496 67 5115		

SECTION TO BE COMPLETED BEFORE THE MOBILITY
I. PROPOSED MOBILITY PROGRAMME

Language of training			
Type of Staff Training	Job Shadowing Workshop	Training (incl. language courses) Other (incl. network)	
Training activity to develop pedagogical and/or curriculum design skills:	Yes	No	

Overall objectives of the mobility:
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):
Activities to be carried out:
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):

II. COMMITMENT OF THE THREE PARTIES

By signing this document, the staff member, the sending institution and the receiving institution/enterprise confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility as part of its modernisation and internationalisation strategy and will recognise it as a component in any evaluation or assessment of the staff member.

The staff member will share his/her experience, in particular its impact on his/her professional development and on the sending higher education institution, as a source of inspiration to others.

The staff member and the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

The staff member and the receiving institution will communicate to the sending institution/enterprise any problems or changes regarding the proposed mobility programme or mobility period.

SIGNATURES

Staff Member		

Date	Signature	

Sending Institution	Christian Lippold

Date	Signature

Receiving Institution		

Date	Signature	

ONLY HANDWRITTEN SIGNATURES WILL BE ACCEPTED.

¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives. It is only applicable to higher education institutions located in Programme Countries.

³ All references to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

⁴ The top-level NACE sector codes are available at http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN

Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.

ANHANG II LETTER OF CONFIRMATION

STAFF MOBILITY FOR TRAINING (STT)

DIESES DOKUMENT IST VON DER ZIELEINRICHTUNG ZU UNTERZEICHNEN UND (ALS SCAN) NACH DER REISE IM INTERNATIONAL OFFICE EINZUREICHEN.

THE RECEIVING INSTITUTION

Name																					
ERASMUS-Code (if applicable)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

I hereby confirm that

THE STAFF MEMBER

Last Name	
First Name	

has taken part in the training programme

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TRAINING PERIOD (EXCLUDING TRAVEL DAYS)

Start date		End date	
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SIGNATURES

Date		Place	
<hr/>			
Stamp	Signature		